

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042698

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 383

FILED DEC 9 1963

1. PLACE OF DEATH

a. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kirksville

Length of stay in lb
3 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Nursing Home No. 1

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Adair

c. CITY OR TOWN Novinger

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
none

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Lewis Jacob Byers

4. DATE OF DEATH
Month Day Year
November 27, 1963

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
12-3-1869

9. AGE (last birthday)
93

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
11 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Miner

10b. KIND OF BUSINESS OR INDUSTRY
Coal Mines

11. BIRTHPLACE (City and state or country)
Knox County, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

William V. Byers

Margaret Sigafosse

Delilah Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mabel Sholey Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cachexia of debilitation
Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
weeks
years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-25-1960 to 11-27-1963 and last saw him alive on 11-26-63
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
George H. Scheuer, D.O.

22b. ADDRESS
Kirksville

22c. DATE SIGNED
11-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11-29-63

23c. NAME OF CEMETERY OR CREMATORY
Novinger

23d. LOCATION (City, town, or county)
Novinger, Mo.

(State)

24. FUNERAL DIRECTOR ADDRESS
Dee Riley Funeral Home, Inc.
415 North Franklin
Kirksville, Missouri

25. DATE RECD. BY LOCAL REG.
Nov 30, 1963

26. REGISTRAR'S SIGNATURE
Doris W. Rathoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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4500

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12 26-2

13 10

2015-10-07

No permit issued

GEORGE H. SCHNEIDER, D.O.

George H. Schneider, D.O.
Embalmer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Larry Jackson*

Licensed Embalmer No. 5158

P.O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

2015-10-07
2015-10-07
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